U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5136E:2 (06-04)

POLLUTION INCIDENT DAILY RESOURCE REPORT

CONTRACTO	R EQUIPMENT
Page	of
(RCN-	16451-1)

FPN/CERCLA NUMBER DA							DATE				
CONTRA	ACTOR:										
If information described below is documented separately, in a form or format previously reviewed and found acceptable by the National Pollution Funds Center and the Contracting Officer, this form need not be completed.											
CONTRACTOR EQUIRMENT											
CONTRACTOR EQUIPMENT											
CLIN	ITEM DESCRIPTION	RATE BASIS	EMPLOYED FRM TO		# UNITS	RATE/ UNIT	RATE CHARGES	NON-RATE CHARGES	TOTAL COST		
				 							
				 							
		-									
				 							
				<u> </u>							
			TOTA	L PERSC	ONNEL CO	STS FOR	R THIS DAT	E			
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	TRACTOR'S CERTIFICA		d					D TRUSTEE'S			
I certify that this report is a true and complete record of the materials, labor, equipment and subcontractors I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents.											
provided by the contractor on the date listed above for the project number cited above:											
Contractor's Authorized Representative FOSC/Lead Trustee											

POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG5136E-2 CONTRACTOR EQUIPMENT

This form should be completed for contractor equipment costs incurred for each day of removal activity.

How to complete form:

- 1. FPN/CERCLA Number: The FPN or CERCLA case number assigned to the incident.
- **2. Date:** Report the date costs were incurred.
- 3. Contractor: Name of contractor; indicate if supporting documentation is attached.

Contractor Equipment

Provide the following information for each piece of equipment used in removal activities.

- **4. CLIN**: The applicable contract line item number.
- **5. Item Description:** Description of the equipment used for removal activities.
- **6. Rate Basis:** The basis used for charging equipment costs (i.e., hourly, daily, weekly).
- 7. Employed From/To: The period of time equipment was used.
- **8. Units:** The number of units the equipment was used for expressed in terms of the rate basis (i.e., numbers of hours, days, weeks).
- 9. Rate/Unit: The rate charged per unit.
- **10.** Rate Charges: The rate per unit multiplied by the number of units.
- **11. Non Rate Charges:** Total charges related to the equipment, not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges).
- **12. Total Cost:** The sum of the Rate Charge and the Non-Rate Charges.
- **13. Total Equipment Costs For This Date:** The sum of the amounts entered in the Total Costs column.
- **14. Contractor's Certification:** Contractor's certification of the validity of the information presented.
- 15. FOSC/Trustee Signature: Certification by FOSC/Lead Trustee. The FOSC certifies the equipment listed was authorized for the date reported. The FOSC does not certify contract rates or costs.